MEDICAID DRUG UTILIZATION REVIEW
ANNUAL REPORT INSTRUCTIONS

FEDERAL FISCAL YEAR 2004

Section 1927 (g)(3)(D) of the Social Security Act requires each State to submit an annual report on the operation of its Medicaid DUR program. Such reports are to include: descriptions of the nature and scope of the prospective and retrospective DUR programs; a summary of the interventions used in retrospective DUR and an assessment of the education program; a description of DUR Board activities; and an assessment of the DUR program's impact on quality of care as well as any cost savings generated by the program.

This report is to cover the period October 1, 2003 to September 30, 2004 and is **due for submission to your CMS Regional Office by no later than June 30, 2005.** Answering the attached questions and returning the requested materials as attachments to the report will constitute full compliance with the above-mentioned statutory requirement.

To locate your Regional Office, go to the CMS website at
http://cms.hhs.gov/about/regions/professionals.asp.

I. STATE CODE

Indicate two letter initials for your State (e.g., NY = New York).

II. MEDICAID AGENCY STAFF PERSON RESPONSIBLE FOR DUR ANNUAL REPORT PREPARATION

Indicate the name, address and phone number of the Medicaid Agency staff person best able to answer questions about the content of this report.

III. PROSPECTIVE DUR

1. Indicate whether prospective DUR was conducted (a) on-site by individual pharmacies, or (b) on line using an electronic claims management (ECM) system. If the State implemented on-line prospective DUR during FFY 2004 and, therefore, did both on-site and on-line prospective DUR during FFY 2004, check (c) and indicate the operational date at question 4 (a) below.

2. (a) States where prospective DUR was performed on-site by individual pharmacies must report on compliance with the OBRA 1990 prospective DUR requirements. States should submit as **ATTACHMENT 1** a report on the monitoring of pharmacy compliance with **all prospective DUR** requirements performed by the State Medicaid agency, the State Board of Pharmacy, or other entity responsible for monitoring pharmacy activities. If the State Medicaid agency itself monitors compliance with these requirements, it may provide a survey of a random sample of pharmacies with regard to compliance with the OBRA 1990 prospective DUR requirement.

   (b) States where prospective DUR was performed on-line should submit as **ATTACHMENT 1** a report on State efforts to monitor pharmacy compliance with the oral counseling requirement. This attachment should describe in detail the monitoring efforts that were performed and how effective these efforts were in FFY 2004.

3. States which have not established ECM systems with on-line prospective DUR capability should

indicate if they plan to do so and whether their system will begin operation during FFY 2004 or thereafter.

STATES NOT PERFORMING PROSPECTIVE DUR ON LINE SKIP QUESTIONS 4 - 8.

4. States with operational on-line Point of Sale (POS) electronic drug claims management (ECM) systems should indicate:
   (a) the date their system began accepting claims for adjudication;
   (b) the date their system began conducting prospective DUR screening;
   (c) the percentage of total drug claims processed by the ECM system for FFY 2004.

States should:

(d) identify the ECM vendor (unless the system was developed in-house without a vendor) and indicate whether the ECM vendor was also the State fiscal agent.

If the source of prospective DUR criteria was other than the ECM vendor, identify: (e) the entity that supplies the prospective DUR criteria.

5. States should indicate whether their DUR Board approved all prospective DUR criteria (a)supplied in FFY 2004 by their criteria vendor or only adopted some
   (b) criteria for use in prospective DUR screens.

6. States should complete Table 1 indicating by problem type those criteria with the most significant severity levels that were reviewed in-depth by DUR Boards in FFY 2004.

7. States which conducted prospective DUR screening before obtaining approval of relevant criteria from the DUR Board should so indicate by checking Yes.

8. **ATTACHMENT 2** is a year end summary report on prospective DUR screening using an on-line POS system.

   This report should indicate for each problem type/drug:

   1) The number of messages generated by the system and a denominator.*
   2) The number of messages overridden (i.e., adjudication process carried through to completion even though a message was generated).**
   3) The number of reversals/cancellations/denials (i.e., adjudication not carried through to completion) and data on types of interventions by pharmacists and the outcomes of such interventions.***
   4) The number of refill too soon messages, duplicate prescription messages transmitted and, where applicable, claims denials. THESE DATA ARE OPTIONAL.

NOTE

* Number of messages must relate to problem type/drug combinations (incorrect dosage/Zantac). Reporting levels of messages by problem type only (incorrect dosage) or drug only (Zantac) is not acceptable.

** The year end summary report may be limited to the problem type/drug combinations which generate the largest number of messages. For each problem type/drug combination included, a denominator must be reported. The denominator is the total number of prescription claims adjudicated (during a given time period) for the drug (Zantac) compared to the number of messages generated for the problem type/drug

(incorrect dosage/Zantac) during the same time period. Denominators permit comparison in percentage terms of the relative frequency of different problem type/drug combinations. For problem type/drug combinations involving more than one drug (e.g., drug/drug interactions), the denominator is the number of prescription claims for the drug submitted for adjudication not the number of drugs in the claims history.

*** The NCPDP Telecommunications Standard Format Version 3.2 (Ac □ Medicaid Format) Field 440 E-5 and 441 E-6 support pharmacy interventions and outcomes data. The report should indicate interventions and outcomes data supported by this format or an equivalent satisfactory to the DUR Board.

IV. RETROSPECTIVE DUR

1. Indicate the calendar year during which the State began its retrospective DUR program.

2. Identify the current vendor of your retrospective DUR program and indicate whether this vendor's contract will be up for renewal/rebid. If your retrospective DUR vendor changed during FFY 2004, identify both vendors and indicate the start date for the new contract. Also, indicate whether the vendor is the State fiscal agent and whether the retrospective DUR vendor developed/supplied your retrospective DUR criteria. If the retrospective DUR vendor did not develop your retrospective DUR criteria, answer question 3.

3. Identify the source of your retrospective DUR criteria if they were not developed by the vendor identified in question 2 above.

4. If the DUR Board did not adopt all of the criteria (therapeutic groups, not drugs within a group) presented to it, answer this question no.

5. Table 2 lists therapeutic categories (vertical axis) for which criteria are frequently adopted and problem types (horizontal axis) that may be associated with a therapeutic category. If your retrospective DUR program has approved criteria for drugs in a given therapeutic category (e.g., NSAID), check boxes for the relevant problem types for which criteria have been established. If a given listed category has not been adopted for your retrospective DUR program, no checks should be entered for that row. You may add up to three additional therapeutic categories for which your program has adopted criteria and add additional problem types as appropriate.

6. **ATTACHMENT 3** is a year end summary report on retrospective DUR screening and interventions. Separate reports on the results of retrospective DUR screening and on interventions are acceptable at the option of the State. The report(s) should:

   1) Report the level of criteria exceptions by drug class (or drugs within the class) and problem type. (An exception is an instance where a prescription submitted for adjudication does not meet the DUR Board-approved criteria for one or more problem types within a drug class.)

NOTE: a) Reporting levels of criteria exceptions by only drug class (drug) or problem type is not acceptable.

b) Year end summary reports may cover all criteria exceptions or (at the option of the State) be limited to drug classes (drugs)/problem types with the largest number of exceptions.

2) Include a denominator for each drug class/problem type for which criteria exceptions are reported. A denominator is the number of prescription claims adjudicated for a drug class (or individual drugs in the class) during a given time period compared to the number of criteria exceptions for the drug

class (or individual drugs in the class) during that time period.

3) Also report, for each drug class/drug and problem type included in this summary report, the number of interventions (letters, face-to-face visits, etc.) undertaken during the reporting period.

4) States which engage in physician, pharmacy profile analysis (i.e., review prescribing or dispensing of multiple prescriptions for multiple patients involving a particular problem type or diagnosis) or engage in patient profiling should report the number of each type of profile (physician, pharmacy, patient) reviewed and identify the subject(s) (diagnosis, problem type, etc.) involved.

V. DUR BOARD ACTIVITIES

1. **ATTACHMENT 4** is a brief descriptive report on DUR Board activities during FFY 2004. This report should:
   a) Indicate the number of DUR Board meetings held.

   b) List additions/deletions to DUR Board approved criteria.

      1. For prospective DUR, list problem type/drug combinations added or deleted.
      2. For retrospective DUR, list therapeutic categories added or deleted.

   c) Describe Board policies that establish whether and how results of prospective DUR screening are used to adjust retrospective DUR screens. Also, describe policies that establish whether and how results of retrospective DUR screening are used to adjust prospective DUR screens.
   d) Describe any policies used to encourage the use of therapeutically equivalent generic drugs. Include relevant documentation, if available, as **ATTACHMENT 5**.
   e) Describe DUR Board involvement in the DUR education program. (e.g., newsletters, continuing education, etc.) Also, describe policies adopted to determine mix of patient or provider specific intervention types (e.g., letters, face to face visits, increased monitoring).

VI. PROGRAM EVALUATION/COST SAVINGS

1. Indicate whether the State (or its contractor) conducted a DUR program evaluation which included a cost savings estimate during FFY 2004.
2. Indicate whether the Guidelines for Estimating the Impact of Medicaid DUR was the basis of the methodology for the evaluation/cost savings estimate conducted by the State (or its contractor).
3. If a contractor conducted the program evaluation/cost savings estimate, name the company, academic institution or other organization that performed this task.
4. States must include copies of program evaluations/cost savings estimates prepared by it or its contractor as **ATTACHMENT 6**.

DRUG UTILIZATION REVIEW (DUR) ANNUAL REPORT
FEDERAL FISCAL YEAR 2004

I. STATE CODE

KS

II. MEDICAID AGENCY STAFF PERSON RESPONSIBLE FOR DUR ANNUAL REPORT PREPARATION

Name	Anne Ferguson
Street Address	915 SW Harrison, Room 651-South
City/State/ZIP	Topeka/Kansas/66612
Area Code/Phone Number	785-274-4287

III. PROSPECTIVE DUR

1. During Federal Fiscal Year 2004 prospective DUR was conducted : (check those applicable)

   a) _____ By individual pharmacies on-site.

   b) _____ On-line through approved electronic drug claims management system.

   c) X Combination of (a) and (b).

2. (a) States conducting prospective DUR on-site have included as **ATTACHMENT 1** (check one):

   _____ Results of a random sample of pharmacies within the State pertaining to their compliance with OBRA 1990 prospective DUR requirements.

   X Results of State Board of Pharmacy monitoring of pharmacy compliance with OBRA 1990 prospective DUR requirements.

   _____ Results of monitoring of prospective DUR conducted by State Medicaid agency or other entities.

   (b) States conducting prospective DUR on-line have included as **ATTACHMENT 1** a report on State efforts to monitor pharmacy compliance with the oral counseling requirement.
   Yes X No _____

3. States conducting prospective DUR on-site plans with regards to establishment of an

ECM system. State:

_____ Has no plans to implement an ECM system with prospective DUR capability.

__X__ Plans to have an operational ECM system with prospective DUR in FFY 2004 or later.

STATES PERFORMING PROSPECTIVE DUR ON-SITE SKIP QUESTIONS 4-8

4. States conducting prospective DUR through an operational on-line POS system provide the following information:

   a) Operational date __11/96__(MM/YY) on which on-line POS system began accepting drug claims for adjudication from providers.

   b) Operational date __11/96__ (MM/YY) on which on-line POS system began conducting prospective DUR screening.

   c) Percentage of Medicaid prescriptions processed by ECM system (where applicable) in FFY 2004 . _____99 %

   d) Identify ECM vendor.
   Electronic Data Systems 10/01/03 thru 9/30/2004
   (company, academic institution, other organization)

      1) Was system developed in house? Yes ___ No __X__

      2) Is vendor Medicaid Fiscal agent? Yes _X_ No _____

   e) Identify prospective DUR (source of criteria).
   First Data Bank
   (company, academic institution, other organization)

5. With regard to prospective DUR criteria from the vendor identified in 4 (d) above, the DUR Board: (Check one)

   (a) ___ Approved in FFY 2004 all criteria submitted by the vendor.

   (b) _X_ Chose to approve selected criteria submitted by the vendor.

6. States checking 5 (b) have provided DUR criteria data requested on enclosed Table 1.
   Yes __X_____ No_____

7. State prospective DUR screening includes screens run before obtaining DUR Board approval of criteria. Yes_X_ No_____

8. States conducting prospective DUR using an ECM system have included **ATTACHMENT 2**. Yes_X_ No _____

IV. RETROSPECTIVE DUR

1. Identify your retrospective DUR vendor during FFY 2004 .

ACS Heritage Information Systems 10/01/2003 thru 9/30/2004
(company, academic institution or other organization)

a) Is the retrospective DUR vendor also the Medicaid fiscal agent?
Yes _____ No ___X_____

b) Is your current retrospective DUR vendor contract subject to rebid in FFY 2004?
Yes _____ No ___X_____

If your vendor changed during FFY 2004 , identify your new vendor.

_____
(company, academic institution or other organization)

c) Is this retrospective DUR vendor also the Medicaid fiscal agent?
Yes _____ No ___X_____

d) Is this retrospective DUR vendor also the developer/supplier of your retrospective DUR criteria? Yes ___X_____ No_____

2. If your answer to question 1(c) or 1(d) above is no, identify the developer/supplier of your retrospective DUR criteria.

(2a) Electronic Data Systems – Fiscal Agent
(company, academic institution, or other organization)

(2b) ACS Heritage Information Systems – Supplier/Developer
(company, academic institution, or other organization)

3. Did DUR Board approve all retrospective DUR criteria supplied by the criteria source identified in questions 1(c) and 2 above? Yes_____ No__X__

4. States performing retrospective DUR have provided DUR Board approved criteria data requested on enclosed hardcopy Table 2. Yes_____X_____ No _____

5. States conducting retrospective DUR have included **ATTACHMENT 3**.
Yes ___X_____ No _____

V. DUR BOARD ACTIVITY

1. States have included a brief description of DUR Board activities during FFY 2004 as **ATTACHMENT 4**. Yes X No_____

2. States have included a brief description of policies used to encourage the use of therapeutically equivalent generic drugs as **ATTACHMENT 5**.
Yes X No_____

VI. PROGRAM EVALUATION/COST SAVINGS

1. Did your State conduct a DUR program evaluation/cost savings estimate in FFY 2004? Yes X No_____

2. Did you use Guidelines for Estimating the Impact of Medicaid DUR as the basis for developing your program evaluation/cost savings estimate?
Yes___ No X

3. Who conducted your program evaluation/cost savings estimate?

Electronic Data Systems & ACS Heritage Information Systems
(company, academic institution, or other organization)

4. States have provided as **ATTACHMENT 6** the program evaluations/cost savings estimates. Yes X No_____

TABLE 1

PROSPECTIVE DUR CRITERIA

Approval Process

FOR EACH PROBLEM TYPE BELOW
LIST (DRUGS/ DRUG CATEGORY/ DISEASE COMBINATIONS) FOR WHICH DUR BOARD CONDUCTED IN- DEPTH REVIEWS.
PLEASE INDICATE WITH AN ASTERISK (*) THOSE FOR WHICH CRITERIA WERE ADOPTED.

INAPPROPRIATE DOSE	THERAPEUTIC DUPLICATION	DRUG ALLERGY INTERACTION
1. Hypnotics*	1. Ambien/Sonata*	1.
2. Triptans*	2. Triptans*	2.
3.	3.	3.

INAPPROPRIATE DURATION	DRUG/ DRUG INTERACTIONS	DRUG DISEASE CONTRAINDICATION
1. Actiq*	1. Xenical/Meridia/MAO inhibitors*	1. Biologicals/Enbrel/TB*
2. Ambien/Sonata*	2.	2. Xenical/Meridia/Cholestasis/preg.*
3.	3.	3.

OTHER - Safety AGE Restriction *(specify)*	OTHER Overutilization *(specify)*	OTHER *(specify)*
1. Cox-2*	1. Xolair*	1.
2. UI/anticholinergics*	2. Enbrel*	2.
3.	3. Xenical/Meridia	3.
4.	4. Triptans*	4.

TABLE 2

RETROSPECTIVE DUR CRITERIA
(Check All Relevant Boxes)

	DRUG PROBLEM TYPE											
THERAPEUTIC CATEGORY	**ID**	**IDU**	**OU**	**UU**	**DDI**	**DDC**	**TD**	**AG**	**O^1 ADE**	**O^2**	**O^3**	
H2 ANTAGONIST												
NSAID			**X**		**X**				**X**			
DIGOXIN			**X**		**X**							
ACE INHIBITOR					**X**							
CALCIUM CHANNEL BLOCKER					**X**							
BENZODIAZEPINES			**X**						**X**			
ANTIDEPRESSANT					**X**	**X**			**X**			
OTHER (specify)Antipsychotics			**X**		**X**							
OTHER (specify)Opiates			**X**						**X**			
OTHER (specify)_____												

PROBLEM TYPE KEY

ID = Insufficient DOSE
IDU = Incorrect Duration
OU = Over Utilization
UU = Under Utilization
O_1 = Other Problem Type
DDI = Drug/ Drug Interaction
DDC = Drug/ Disease Contradiction
TD = Therapeutic Duplication
AG = Appropriate Use of Generics

Specify (1) Adverse drug event/elderly (2)_____ (3)_____

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

ProDUR Conflict Description: 7000 - PRODUR ALERT - REFILL TOO SOON

Top 5 GCNs

Generic Name	GCN
ALBUTEROL INHALATION 90MCG AER	20110

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
4,870	23	148	1	4,847	46,557.51	2,647.54

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
2378	2277	25	64	32	230	212	122	4	7	1758

Generic Name	GCN
LANSOPRAZOLE ORAL 30MG CAPSULE	1698

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
3,987	10	87	0	3,977	274,196.27	13,499.27

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
1547	1483	5	33	9	115	296	155	0	0	946

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
HYDROCODONE BIT/ACETAMINOPHEN	70331

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
3,903	16	81	0	3,887	14,978.53	474.41

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
2361	2267	11	63	25	209	440	228	3	7	1429

Generic Name	GCN
HYDROCODONE BIT/ACETAMINOPHEN	70339

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
3,826	13	61	0	3,813	20,134.97	694.85

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
1952	1882	15	43	23	156	203	145	5	5	1403

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
FUROSEMIDE ORAL 40MG TABLET	34962

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
3,645	7	86	0	3,638	8,327.59	431.27

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
1596	1524	6	42	14	84	559	346	4	3	562

ProDUR Conflict Description: 7001 - PRODUR ALERT - PREGNANCY PRECAUTION- SEVERITY LEVEL, MAJOR

Top 5 GCNs

Generic Name	GCN
IBUPROFEN ORAL 800MG TABLET	35744

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
253	18	7	0	235	1,424.21	50.60

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
202	159	34	8	87	34	0	0	0	0	80

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
ETHINYL ESTRADIOL/NORELGEST TR	15524

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
169	22	10	0	147	5,632.45	339.34

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
126	97	27	1	73	20	2	0	0	0	30

Generic Name	GCN
NORGESTIMATE-ETHINYL ESTRADIOL	11301

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
160	39	3	0	121	4,972.92	95.56

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
101	63	21	16	47	19	0	0	0	0	34

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
SULFAMETHOXAZOLE/TRIMETHOPRIM	90163

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
116	2	3	0	114	631.41	15.79

#Overridden (Init Denied)	DUR Intervention Codes			DUR Outcome Codes						
	M0	P0	R0	1A	1B	1C	1D	1E	1F	1G
101	76	19	4	38	19	1	0	0	1	40

Generic Name	GCN
NORETHINDRONE ORAL 0.35MG TABL	11520

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
73	13	6	0	60	1,991.50	192.52

#Overridden (Init Denied)	DUR Intervention Codes			DUR Outcome Codes						
	M0	P0	R0	1A	1B	1C	1D	1E	1F	1G
49	32	12	5	25	12	0	0	0	0	12

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

ProDUR Conflict Description: 7002 - PRODUR ALERT - THEARPEUTIC DUPLICATION

Top 5 GCNs

Generic Name	GCN
KETOROLAC TROMETHAMINE INTRAMU	35236

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
9	0	0	0	9	59.08	0.00

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
7	7	0	0	0	4	0	0	2	0	1

Generic Name	GCN
KETOROLAC TROMETHAMINE INJECTI	35239

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
2	0	0	0	2	31.47	0.00

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
2	2	0	0	0	0	0	0	0	0	2

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
KETOROLAC TROMETHAMINE INJECTI	35238

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
1	0	0	0	1	6.14	0.00

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
1	1	0	0	0	0	0	0	1	0	0

Generic Name	GCN
ROFECOXIB ORAL 25MG TABLET	93161

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
1	0	0	0	1	88.58	0.00

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
1	1	0	0	0	0	0	0	1	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
KETOROLAC TROMETHAMINE INTRAMU	35278

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
1	0	0	0	1	4.16	0.00

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
1	1	0	0	0	1	0	0	0	0	0

Generic Name	GCN
NABUMETONE ORAL 750MG TABLET	32962

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
1	0	0	0	1	71.57	0.00

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
1	1	0	0	0	0	0	0	0	0	1

KANSAS MEDICAL ASSISTANCE PROGRAMS

REPORTING SYSTEM

PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
PIROXICAM ORAL 20MG CAPSULE	35821

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
1	0	0	0	1	5.14	0.00

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
1	1	0	0	0	0	0	0	1	0	0

Generic Name	GCN
PANTOPRAZOLE SODIUM INTRAVEN.	13025

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
1	0	1	0	1	0.00	601.53

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

REPORTING SYSTEM

PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

ProDUR Conflict Description: 7003 - PRODUR ALERT - HIGH DOSE FOR AGE

Top 5 GCNs

Generic Name	GCN
FLUTICASONE PROPIONATE NASAL 5	62263

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
13,121	2,330	467	0	10,791	738,189.52	27,640.81

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
9627	9258	53	286	139	897	110	108	11	9	8323

Generic Name	GCN
ALBUTEROL INHALATION 90MCG AER	20110

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
12,432	1,626	584	3	10,806	226,879.49	11,114.23

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
9433	9005	100	268	112	801	97	65	5	21	8269

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
HYDROCODONE BIT/ACETAMINOPHEN	70331

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
8,092	358	244	5	7,734	38,776.63	1,111.95

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
6895	6581	56	192	85	623	47	53	7	11	5999

Generic Name	GCN
HYDROCODONE BIT/ACETAMINOPHEN	70339

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
8,027	474	257	1	7,553	69,071.22	1,977.77

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
6669	6336	72	205	98	593	47	73	15	6	5781

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
PROPOXYPHENE/ACETAMINOPHEN ORA	70931

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
6,884	537	160	1	6,347	59,904.15	1,324.61

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
5721	5466	32	166	64	526	46	63	7	9	4948

ProDUR Conflict Description: 7004 - PRODUR ALERT - DRUG/DRUG INTERACTION - SEVERITY LEVEL - MAJOR

Top 5 GCNs

Generic Name	GCN
THIORIDAZINE HCL ORAL 50MG TAB	14881

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
254	251	6	0	3	6,350.75	134.41

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
THIORIDAZINE HCL ORAL 100MG TA	14883

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
191	185	8	0	6	2,965.78	121.62

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

Generic Name	GCN
THIORIDAZINE HCL ORAL 25MG TAB	14880

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
186	186	5	0	0	1,849.35	31.11

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
NEFAZODONE HCL ORAL 100MG TABL	16406

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
158	150	1	0	8	4,639.15	23.37

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

Generic Name	GCN
THIORIDAZINE HCL ORAL 10MG TAB	14882

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
138	136	4	0	2	2,179.54	38.74

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

ProDUR Conflict Description: 7005 - PRODUR ALERT - DRUG/AGE - PRECAUTION - SEVERITY LEVEL, MAJOR

Top 5 GCNs

Generic Name	GCN
GUANFACINE HCL ORAL 1MG TABLET	32480

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
2,859	2,780	103	0	79	81,570.97	3,375.02

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

Generic Name	GCN
CYPROHEPTADINE HCL ORAL 4MG TA	15811

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
869	841	43	0	28	15,332.08	814.84

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
LAMOTRIGINE ORAL 25MG TABLET	64317

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
616	588	23	0	28	108,668.94	4,144.56

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

Generic Name	GCN
METHYLPHENIDATE HCL ORAL 5MG T	15913

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
552	544	10	0	8	6,979.30	119.37

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
LAMOTRIGINE ORAL 100MG TABLET	64316

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
529	505	15	0	24	73,695.39	2,092.14

#Overridden (Init Denied)	DUR Intervention Codes			DUR Outcome Codes						
	M0	P0	R0	1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

ProDUR Conflict Description: 7007 - PRODUR ALERT - DRUG/DISEASE CONTRAINDICATION - SEVERITY LEVEL, MAJOR

Top 5 GCNs

Generic Name	GCN
METFORMIN HCL ORAL 500MG TABLE	10810

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
7,314	7,180	192	0	134	189,853.29	4,760.80

#Overridden (Init Denied)	DUR Intervention Codes			DUR Outcome Codes						
	M0	P0	R0	1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
CYCLOBENZAPRINE HCL ORAL 10MG	18020

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
2,999	2,916	92	0	83	37,455.72	1,019.22

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

Generic Name	GCN
METFORMIN HCL ORAL 1000MG TABL	10857

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
2,403	2,368	67	0	35	65,042.82	1,525.80

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
METFORMIN HCL ORAL 850MG TABLE	10811

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
719	705	19	0	14	18,079.75	411.68

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

Generic Name	GCN
HALOPERIDOL ORAL 5MG TABLET	15535

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
614	597	30	0	17	16,012.75	682.15

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

REPORTING SYSTEM

PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

ProDUR Conflict Description: 7008 - PRODUR ALERT - DRUG/AGE - PRECAUTION - SEVERITY LEVEL, MODERATE

Top 5 GCNs

Generic Name	GCN
METHYLPHENIDATE HCL ORAL 54MG	12248

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
5,134	5,064	82	0	70	402,942.46	7,285.21

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

Generic Name	GCN
METHYLPHENIDATE HCL ORAL 36MG	12568

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
4,884	4,787	117	0	97	357,106.91	9,152.06

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
AMPHET ASP/AMPHET/D-AMPHET ORA	14636

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
3,975	1,476	85	0	2,499	286,939.84	6,655.65

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

Generic Name	GCN
PREDNISOLONE SOD PHOSPHATE ORA	33806

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
3,756	3,667	118	0	89	77,702.19	3,237.24

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
AMPHET ASP/AMPHET/D-AMPHET ORA	14637

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
3,850	1,501	75	0	2,349	272,108.81	5,721.74

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

ProDUR Conflict Description: 7009 - PRODUR ALERT - LOW DOSE FOR AGE

Top 5 GCNs

Generic Name	GCN
ALBUTEROL SULFATE/IPRATROPIUM	72951

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
6,676	6,095	263	0	581	356,774.70	12,600.68

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
QUETIAPINE FUMARATE ORAL 100MG	67662

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
5,689	5,580	351	0	109	418,508.88	25,090.14

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

Generic Name	GCN
RISPERIDONE ORAL 0.5MG TABLET	92892

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
5,523	5,387	203	0	136	439,734.32	16,438.60

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
QUETIAPINE FUMARATE ORAL 25MG	67661

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
5,283	5,049	267	0	234	217,578.95	11,652.41

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

Generic Name	GCN
GABAPENTIN ORAL 100MG CAPSULE	780

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
5,083	4,827	209	0	256	176,157.65	7,352.32

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

ProDUR Conflict Description: 7010 - PRODUR ALERT - DRUG/DRUG INTERACTION - SEVERITY LEVEL, MODERATE

Top 5 GCNs

Generic Name	GCN
TRAMADOL HCL ORAL 50MG TABLET	7221

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
6,990	6,770	264	0	220	107,862.95	3,576.05

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

Generic Name	GCN
WARFARIN SODIUM ORAL 5MG TABLE	25793

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
3,676	3,617	144	0	59	51,755.61	1,975.07

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

KANSAS MEDICAL ASSISTANCE PROGRAMS

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
SPIRONOLACTONE ORAL 25MG TABLE	27691

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
2,753	2,719	50	0	34	41,272.08	797.35

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

Generic Name	GCN
CYCLOBENZAPRINE HCL ORAL 10MG	18020

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
2,669	2,568	118	0	101	34,569.35	1,358.90

#Overridden (Init Denied)	DUR Intervention Codes M0	P0	R0	DUR Outcome Codes 1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

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PROSPECTIVE DUR EDITS - YEAR END SUMMARY REPORT

FEDERAL FISCAL YEAR - 2004

Generic Name	GCN
WARFARIN SODIUM ORAL 3MG TABLE	25796

Total Messages Generated	# Initially Paid	# Reversed Not Resub	# Claims Cancelled	# Denied Initially	Amt Paid	Amt Reversed
2,357	2,285	93	0	72	28,638.86	1,327.97

#Overridden (Init Denied)	DUR Intervention Codes			DUR Outcome Codes						
	M0	P0	R0	1A	1B	1C	1D	1E	1F	1G
0	0	0	0	0	0	0	0	0	0	0

END OF REPORT

Population Based Mailing	Date of Mailing	Outcomes Summary
Antibiotic Utilization	November 2003	The clinical focus of this intervention was to educate prescribers on the use of antibiotics. There was not a clinical or financial outcomes study related to this mailing.
Congestive Heart Failure	December 2003	There were reductions in four of the five clinical indicators for the targeted group. The total drug cost increased $0.86 per patient per month for the targeted group. However, the total medical cost decreased by $63.01 per patient per month for the targeted group. The target group achieved a six-month medical expenditures savings of $1,259,285.34 and an increase of $17,109.44 in pharmacy expenditures. (Savings calculation: 3,331 adjusted target patients X cost avoidance of $63.01 per patient per month X 6 post-intervention months, minus pharmacy expenditures increase of $17,109.44 = **$1,242,175.90**).
Hyperlipidemia	February 2004	There were reductions in all clinical indicators for the targeted group. There were no identified drug cost savings for the targeted group. (Savings calculation: 4,813 adjusted target patients X cost avoidance of $0 per patient per month X 6 post-intervention months = **$0.00**).
Diabetes	May 2004	There were reductions in all clinical indicators for the targeted group. The total drug cost increased $10.65 per patient per month for the targeted group. However, the total medical cost decreased by $96.88 per patient per month for the targeted group. The target group achieved a six-month medical expenditures savings of $1,981,596.37 and an increase of $217,813.31 in pharmacy expenditures. (Savings calculation: 3,409 adjusted target patients X cost avoidance of $96.88 per patient per month X 6 post-intervention months, minus pharmacy expenditures increase of $217,813.31 = **$1,763,783.06**).
Totals		**Annualized Cost Avoidance, Target Group = $6,011,917.92**

Congestive Heart Failure Intervention: December 2003

Indicator	Denominator*	Exceptions	Patients Mailed^
ACE-Subtarget dose (CHF DX)	Not Assessed	112	112
CHF Diagnosis: No ACEI	Not Assessed	427	427
CHF, Inferred: No ACEI	Not Assessed	267	267
Compliance: Cardiovascular med, no HTN dx	7,975	3	3
Compliance: Digoxin	2,455	33	33
Compliance: HTN med & dx = HTN	15,197	17	17
DDI: Carvedilol-Diphenhydramine	2,890	2	2
DDI: Digoxin-Amiodarone, >1 MD	2,890	3	3
DDI: Digoxin-Carvedilol, >1 MD	2,890	25	25
DDI: Digoxin-Diltiazem, >1 MD	2,890	13	13
DDI: Digoxin-Propafenone, >1 MD	2,890	1	1
DDI: Digoxin-Quinidine, >1 MD	2,890	2	2
DDI: Digoxin-Spironolactone, >1 MD	2,890	12	12
DDI: Digoxin-Verapamil, >1 MD	2,890	3	3
DDI: Metoprolol-Amiodarone	4,312	25	25
DDI: Metoprolol-Ciprofloxacin	4,312	4	4
DDI: Metoprolol-Diazepam	4,312	2	2
DDI: Metoprolol-Diphenhydramine	4,312	8	8
DDI: Metoprolol-Quinidine	4,312	1	1
Duplicate Therapy: ACEI & Related Drugs >1 MD	13,534	1	1
Incr ADE: >0.125 mg/d Dig, >= 70 yo	1,019	38	38
Incr ADE: Beta Blocker use w/ 2nd or 3rd degree AV block	6,524	5	5
Incr ADE: Digoxin & CRF	136	55	55
Incr ADE: Metformin-Containing Product(s) with Heart Failure	Not Assessed	177	177
Incr ADE: NSAID use with CHF dx	Not Assessed	15	15
Incr ADE: Thiazolidinediones & HF DX	Not Assessed	239	239
Potential Drug-Disease Interaction: Itraconazole with HF	Not Assessed	1	1
Potential underutilization of Beta-blocker in HF	Not Assessed	1,932	1,932

***Patient population assessed at beginning of Federal Fiscal year (03/04)**

^No control group was utilized, thus all patients were referenced

A total of 31 physician visits were conducted in follow-up to the Heart Failure intervention mailing.

Attachment 3

Diabetes Intervention: May 2004

Indicator	Denominator*	Exceptions	Patients Mailed^
Compliance: Antidiabetics	6,279	171	171
Compliance: Antilipemics	8,028	68	68
Compliance: Cardiovascular med, no HTN dx	7,975	44	44
Compliance: HTN med & dx = HTN	15,197	290	290
DDI: Sulfonylurea-Azole antifungals	3,808	5	5
DDI: Sulfonylurea-Cyclosporine, >1 MD	3,808	3	3
DDI: Sulfonylurea-Salicylates	3,808	3	3
DDI: Sulfonylurea-Sulfonamide	3,808	9	9
DDI: Sulfonylurea-Warfarin	3,808	96	96
Diabetes & HTN Diagnosis: no angiotensin-modulating agent	Not Assessed	379	379
Diabetes Dx <2 Hemoglobin A1C labs in 550d	Not Assessed	1,250	1,250
Diabetes Dx No Fasting Lipid Panel in 550d	Not Assessed	212	212
Diabetes Dx No Microalbumin in 550d	Not Assessed	287	287
Diabetes Dx: No eye exam within last 550d	Not Assessed	17	17
Diabetes Meds & HTN Dx: no angiotensin-modulating agent	Not Assessed	24	24
Duplicate Therapy: Oral Insulin Secretagogues	Not Assessed	5	5
Geriatric: Increased risk of ADE: Metformin Product(s)	3,626	114	114
Incr ADE: Alpha-glucosidase inhibitors & GI disease	Not Assessed	2	2
Incr ADE: Chlorpropamide, age > 70	Not Assessed	1	1
Incr ADE: Metformin Product(s) with Hepatic impairment	3,626	17	17
Incr ADE: Metformin Product(s) with Inferred Heart Failure	3,626	35	35
Incr ADE: Metformin Product(s) with Renal Impairment	3,626	36	36
Incr ADE: Metformin-Containing Product(s) with H/O Acidosis	3,626	27	27
Incr ADE: Metformin-Containing Product(s) with Heart Failure	3,626	246	246
Incr ADE: Rosiglitazone-Metformin w/Inferred Heart Failure	3,626	1	1
Incr ADE: Rosiglitazone-Metformin with Heart Failure Dx	3,626	10	10
Incr ADE: Thiazolidinediones & HF DX	Not Assessed	132	132
Incr ADE: Thiazolidinediones & Liver Disease	Not Assessed	5	5

***Patient population assessed at beginning of Federal Fiscal year (03/04)**

^No control group was utilized, thus all patients were referenced

A total of 19 physician visits were conducted in follow-up

to the Diabetes intervention mailing.

Hyperlipidemia Intervention: February 2004

Indicator	Denominator*	Exceptions	Patients Mailed^
Compliance: Antilipemics	8,028	1,092	1,092
DDI: Bile Acid Sequestrants-Furosemide	Not Assessed	3,297	3,297
DDI: Cholestyramine-Thyroid Hormone	Not Assessed	1	1
DDI: Cholestyramine-Valproic Acid	Not Assessed	2	2
DDI: Fenofibate-Warfarin	10,365	2	2
DDI: Gemfibrozil-Warfarin	10,365	1	1
DDI: HMG COA Reductase Inhibitors-CCB	8,537	3	3
DDI: HMG COA Reductase Inhibitors-Phenytoin	8,537	139	139
DDI: HMG-Macrolides	8,537	7	7
DDI: HMG-Nefazodone	8,537	27	27
DDI: Lovastatin-Warfarin	2,917	4	4
Discontinued Use: Antilipemic Therapy (primary prevention)	8,028	2	2
Discontinued Use: Antilipemic Therapy (secondary prevention)	8,028	32	32
Incr ADE: Fibrate & Renal Dysfunction	Not Assessed	201	201
Incr ADE: Niacin use in gout patients	222	2	2
Underutilization lipid lowering therapy [primary prevention]	8,028	1	1
Underutilization of lipid lowering therapy [2nd prevention]	8,028	1	1

***Patient population assessed at beginning of Federal Fiscal year (03/04)**

^No control group was utilized, thus all patients were referenced

A total of 16 physician visits were conducted in follow-up to the Hyperlipidemia intervention mailing.

Attachment – 4

Kansas Medicaid Drug Utilization Review Board
Activities for FFY 2004

A. DUR Board Meetings

The Kansas DURB met five times during FFY 2003. Meetings were held in November 2003, and January, March, May, July, and September of 2004.

B. Additions/Deletions to DUR Board Approved Criteria

1. Prospective/Retrospective Criteria Additions/Revisions/Deletions

Date Drugs Reviewed	Drug Reviewed	*SRS Recommendation* DUR Board Decision
November 12, 2003	Anticholinergic Urinary Incontinence Drugs	SRS recommended that Generic Oxybutynin 5mg tablets and generic Oxybutynin syrup be preferred drugs and prior authorization (PA) required for Urispas®, Ditripan XL®, Detrol®, Detrol LA®, and Oxytrol®. If the patient is ≥ 70 years of age on date of service, automatically exempt from the PA requirements. The DUR Board did not accept the SRS recommended preferred drugs and criteria.
	Anti-Emetics	SRS recommended that Zofran® be the preferred anti-emetic and PA required for Anzemet® and Kytril®. The DUR Board recommended educating Physicians instead of adding PA.
	Ambien®/Sonata®	SRS recommended that Ambien® be the preferred drug and PA required for Sonata®. The DUR Board decided to wait until new criteria is made that includes quantity limits.
	FluMist®	SRS submitted the recommended criteria to the DUR Board. The DUR Board accepted the SRS recommended criteria.
	Synagis®	SRS submitted the recommended criteria to the DUR Board. The DUR Board accepted the SRS recommended criteria.
	Etanercept (Enbrel®)	SRS submitted the recommended criteria to the DUR Board. The DUR Board modified the SRS recommended criteria.

	Non or Less-Sedating Antihistamines	SRS recommended that Generic Loratadine, generic Loratidine/Pseudoephedrine be the preferred drugs and PA required for Citirizine (Zyrtec®, & ZyrtecD®), Fexofenadine (Allegra®, Allegra D®), Loratadine (Claritin®, ClaritinD 12hr®, ClaritinD 24hr®), and Desloratadine (Clarinex®). The DUR Board modified the SRS recommended criteria.
January 14, 2004	Ambien®/Sonata®	SRS submitted the recommended quantity limits for Ambien® and Sonata®. The DUR Board modified the SRS recommended quantity limits.
	Xolair®	SRS submitted the recommended criteria to the DUR Board. The DUR Board modified the SRS recommended criteria.
	Actiq®	SRS submitted the recommended dosage limits to the DUR Board. The DUR Board accepted the SRS recommended criteria.
March 10, 2004	Xenical®	SRS submitted the recommended criteria to the DUR Board. The DUR Board accepted the SRS recommended criteria, but asked SRS to bring Xenical® back with suggestions on how often a patient can try Xenical®.
	Paxil®	The DUR Board requested having Heritage do an intervention regarding Paxil® and other anti-depressants and age restrictions.
May 12, 2004	Xenical®	SRS submitted the recommended criteria to the DUR Board. The DUR Board modified the SRS recommended criteria.
	Vioxx®	SRS submitted the recommended criteria for Vioxx®. The DUR Board amended the SRS recommended criteria.
Date Drugs Reviewed	**Drug Reviewed**	**SRS Recommendation DUR Board Decision**
July 14, 2004	Cox-2 Inhibitors	SRS submitted the recommended criteria to the DUR Board. The DUR Board amended the SRS recommended criteria.
	Proton Pump Inhibitors	SRS recommended that Lansoprazole (Prevacid®), Esomeprazole (Nexium®), and Omeprazole OTC (Prilosec OTC®) be the preferred drugs and PA required for Rabeprazole (Aciphex®), Omeprazole (Prilosec® & generic equivalents), and Pantoprazole (Protonix®, ProtonixIV®) The DUR Board accepted the SRS recommended criteria.
	HMG-CoA Reductase	SRS recommended that Atorvastatin (Lipitor®) and Simvastatin (Zocor®) be the preferred drugs and PA required for Fluvastatin (Lescol®), Lovastatin (Mevacor®, Altacor®, generic equivalents), Pravastatin (Pravachol®, Pravigard Pac®), and Rosuvastatin. The DUR Board accepted the SRS recommended criteria.

	Non-Steroidal Anti-Inflammatory Drugs	SRS recommended that Potassium (Cataflam®), Diclofenac Sodium (Voltaren®, Voltaren XR®), Etodolac (Lodine®, Lodine XL®), Fenoprofen (Nalfon®), Flurbiprofen (Ansaid®), Meclofenameate (Meclomen®), Ibuprofen (Motrin®, Advil®), Ketoprofen (Orudis®, Orudis KT®, Oruvail®, Toradol® (limited to 5 day supply)), Maproxen (Aleve®, Anaprox®, Naprosyn®, EC-Naprosyn®, Naprelan®, Oxaprozin (Daypro®), Sulindac (Clinoril®), and Tometin (Tolectin®, TolectinDS® be the preferred drugs and PA required for Diclofenac/Misoprostol (Arthrotec®), Indomethacin (Indocin®), Meloxicam (Mobic®), Nabumetone (Relfen®), and Piroxicam (Feldene®). The DUR Board accepted the SRS recommended criteria.
September 8, 2004	Etanercept (Enbrel®)	SRS submitted the recommended criteria. The DUR Board accepted the SRS recommended criteria.
	Triptans	SRS recommended that Almotriptan Malate (Axert®), Rizatriptan Benzoate (Mixalt®, Maxalt-MLT®), and Sumatriptan Succinate (Imitrex®) be the preferred drugs and PA required for Frozatriptan Succinate (Frova®), Naratriptan HCl (Amerge®), Zolmitriptan (Zomig®, Zomig ZMT®, Nasal Spray), and Eletriptan-HBr (Relpax®). The DUR Board accepted the SRS recommended criteria.
	Calcium Channel Blockers (Dihydropyridines)	SRS recommended that Amlodipine (Norvasc®), Isradipine CR (Dynacirc CR®), Nifedipine CC (Adalt CC® and generic equivalents), and Nicardipine (Cardene®) be the preferred drugs and PA required for Nifedipine (Adalt®, Procardia®, and generic equivalents), Nifedipine XL (Nifedical XL®), Procardia XL (Nifedipine SR OSM® and generic equivalents), Nimodipine (Nimotop®), Nisoldipine (Sular®), Felodipine (Plendil®), Isradipine (Dynacirc®), and Nicardipine SR (Cardene SR®). The DUR Board accepted the SRS recommended criteria.
	Calcium Channel Blockers (Non-Dihydropyridines)	SRS recommended that Diltiazem (Cardizem®, generic equivalents, Tiazac®, Diltia XT®) and Verapamil (Isoptin®, Isoptin SR®, and generic equivalents, Calan®, Calan SR®, generic equivalents, and Verelan®) be the preferred drugs and PA required for Diltiazem XR (Cardizem SR®, Cardizem CD®, Cardizem LA®, Cartia XT®, Dilacor XR®, and Taztia XT®, Covera-HS®, and Verelan PM®). The DUR Board accepted the SRS recommended criteria.

C. Coordination of Prospective/Retrospective DUR Screening

The DURB coordinates efforts with the fiscal agent/retrospective DUR vendor to compare results of retrospective and prospective screenings and to share information to ensure consistency of the two systems. Additionally, fiscal agent/retrospective DUR vendor representatives attend DURB meetings to participate in discussion, learn of screening criteria additions and revisions, and to incorporate such changes into the prospective point-of –sale system.

E. Newsletters/Academic Detailing/Interventions

The DUR Program shares educational information with providers through five mediums: direct letters to providers ("intervention letters/patient profile letters"), a quarterly newsletter, the Kansas Medicaid DUR website, pharmacy bulletins, and live continuing education programs. Policies regarding interventions are developed by Heritage Information Systems, we adopt them based on problems as determined by the Board.

1. Interventions
    a. November 2003 – Antibiotic Prescribing
    b. December 2003 – Chronic Heart Failure
    c. February 2004 – Hyperlipidemia
    d. June 2004 – Diabetes
    e. July 2004 – Pediatric Antidepressant

2. Patient Profile Reviews
    a. November 2003 – 10+ Drugs
    b. January 2004 – Antipsychotic Prescribing
    c. March 2004 – Long Duration/Duplicate Therapy
    d. May 2004 – Antipsychotic Dose Optimization
    e. July 2004 – Long Duration/Duplicate Therapy

3. DUR Newsletters
    a. October 2003 – SSRI's
    b. February 2004 – Heart Failure
    c. April 2004 – Hyperlipidemia
    d. June 2004 – Diabetes

4. Kansas Medicaid DUR website
    a. http://www.srskansas.org/hcp/medicalpolicy/DUR/DURHome.htm

5. Pharmacy Bulletins
    a.
6. Live Continuing Education
    a. 30 visits in December 2003 - CHF

Pharmacy Bulletins were sent out in December 2002, January, February, March, April, June, August, and September of 2003. Information that is included in the Bulletins: updates to the Maximum Allowable Cost (MAC), updates to the Federal Upper Limit (FUL), PDL updates, drug limitations, payment information, and prior authorization forms.

Attachment 5

In order for the Kansas Medical Assistance Prescription Drug Program to decrease unnecessary expenditures, generic drug substitution is mandatory unless there is a medical necessity for the brand name drug.

The term "generic drug" means a drug that is "bioequivalent". Kansas law refers to the FDA's definition, which says drugs are bioequivalent if:

1) They use the same active ingredient as the original version of the drug.
2) The active ingredient is absorbed and available where it is needed in the body at the same rate.

The criteria to meet medical necessity for a brand name drug when a bioequivalent generic substitute is available are listed below.

1. A. Adverse Reaction(s) to the generic
   Documentation by prescriber that the adverse reaction caused by the generic meets on of the following criteria:
   1. life threatening
   2. hospitalization
   3. disability
   4. required intervention to prevent impairment or damage

OR

B. Allergic Reaction(s) to the generic:
Prescriber must document the beneficiary's experience of allergic reaction to the generic product of one or more manufacturers. The dates and clinical details with the names of specific companies and the generic versions involved must be included.

OR

C. Therapeutic Failure(s) of the generic:
Prescriber must document the clinical failure due to beneficiary's suboptimal drug plasma concentration for the generic drug when compared to published full pharmacokinetic profiles for the brand name drug.

Population Based Mailing	Date of Mailing	Outcomes Summary
Antibiotic Utilization	November 2003	The clinical focus of this intervention was to educate prescribers on the use of antibiotics. There was not a clinical or financial outcomes study related to this mailing.
Congestive Heart Failure	December 2003	There were reductions in four of the five clinical indicators for the targeted group. The total drug cost increased $0.86 per patient per month for the targeted group. However, the total medical cost decreased by $63.01 per patient per month for the targeted group. The target group achieved a six-month medical expenditures savings of $1,259,285.34 and an increase of $17,109.44 in pharmacy expenditures. (Savings calculation: 3,331 adjusted target patients X cost avoidance of $63.01 per patient per month X 6 post-intervention months, minus pharmacy expenditures increase of $17,109.44 = **$1,242,175.90**).
Hyperlipidemia	February 2004	There were reductions in all clinical indicators for the targeted group. There were no identified drug cost savings for the targeted group. (Savings calculation: 4,813 adjusted target patients X cost avoidance of $0 per patient per month X 6 post-intervention months = **$0.00**).
Diabetes	May 2004	There were reductions in all clinical indicators for the targeted group. The total drug cost increased $10.65 per patient per month for the targeted group. However, the total medical cost decreased by $96.88 per patient per month for the targeted group. The target group achieved a six-month medical expenditures savings of $1,981,596.37 and an increase of $217,813.31 in pharmacy expenditures. (Savings calculation: 3,409 adjusted target patients X cost avoidance of $96.88 per patient per month X 6 post-intervention months, minus pharmacy expenditures increase of $217,813.31 = **$1,763,783.06**).
Totals		**Annualized Cost Avoidance, Target Group = $6,011,917.92**

Congestive Heart Failure Intervention: December 2003

Indicator	Denominator*	Exceptions	Patients Mailed^
ACE-Subtarget dose (CHF DX)	Not Assessed	112	112
CHF Diagnosis: No ACEI	Not Assessed	427	427
CHF, Inferred: No ACEI	Not Assessed	267	267
Compliance: Cardiovascular med, no HTN dx	7,975	3	3
Compliance: Digoxin	2,455	33	33
Compliance: HTN med & dx = HTN	15,197	17	17
DDI: Carvedilol-Diphenhydramine	2,890	2	2
DDI: Digoxin-Amiodarone, >1 MD	2,890	3	3
DDI: Digoxin-Carvedilol, >1 MD	2,890	25	25
DDI: Digoxin-Diltiazem, >1 MD	2,890	13	13
DDI: Digoxin-Propafenone, >1 MD	2,890	1	1
DDI: Digoxin-Quinidine, >1 MD	2,890	2	2
DDI: Digoxin-Spironolactone, >1 MD	2,890	12	12
DDI: Digoxin-Verapamil, >1 MD	2,890	3	3
DDI: Metoprolol-Amiodarone	4,312	25	25
DDI: Metoprolol-Ciprofloxacin	4,312	4	4
DDI: Metoprolol-Diazepam	4,312	2	2
DDI: Metoprolol-Diphenhydramine	4,312	8	8
DDI: Metoprolol-Quinidine	4,312	1	1
Duplicate Therapy: ACEI & Related Drugs >1 MD	13,534	1	1
Incr ADE: >0.125 mg/d Dig, >= 70 yo	1,019	38	38
Incr ADE: Beta Blocker use w/ 2nd or 3rd degree AV block	6,524	5	5
Incr ADE: Digoxin & CRF	136	55	55
Incr ADE: Metformin-Containing Product(s) with Heart Failure	Not Assessed	177	177
Incr ADE: NSAID use with CHF dx	Not Assessed	15	15
Incr ADE: Thiazolidinediones & HF DX	Not Assessed	239	239
Potential Drug-Disease Interaction: Itraconazole with HF	Not Assessed	1	1
Potential underutilization of Beta-blocker in HF	Not Assessed	1,932	1,932

***Patient population assessed at beginning of Federal Fiscal year (03/04)**

^No control group was utilized, thus all patients were referenced

A total of 31 physician visits were conducted in follow-up to the Heart Failure intervention mailing.

Attachment 6

Diabetes Intervention: May 2004

Indicator	Denominator*	Exceptions	Patients Mailed^
Compliance: Antidiabetics	6,279	171	171
Compliance: Antilipemics	8,028	68	68
Compliance: Cardiovascular med, no HTN dx	7,975	44	44
Compliance: HTN med & dx = HTN	15,197	290	290
DDI: Sulfonylurea-Azole antifungals	3,808	5	5
DDI: Sulfonylurea-Cyclosporine, >1 MD	3,808	3	3
DDI: Sulfonylurea-Salicylates	3,808	3	3
DDI: Sulfonylurea-Sulfonamide	3,808	9	9
DDI: Sulfonylurea-Warfarin	3,808	96	96
Diabetes & HTN Diagnosis: no angiotensin-modulating agent	Not Assessed	379	379
Diabetes Dx <2 Hemoglobin A1C labs in 550d	Not Assessed	1,250	1,250
Diabetes Dx No Fasting Lipid Panel in 550d	Not Assessed	212	212
Diabetes Dx No Microalbumin in 550d	Not Assessed	287	287
Diabetes Dx: No eye exam within last 550d	Not Assessed	17	17
Diabetes Meds & HTN Dx: no angiotensin-modulating agent	Not Assessed	24	24
Duplicate Therapy: Oral Insulin Secretagogues	Not Assessed	5	5
Geriatric: Increased risk of ADE: Metformin Product(s)	3,626	114	114
Incr ADE: Alpha-glucosidase inhibitors & GI disease	Not Assessed	2	2
Incr ADE: Chlorpropamide, age > 70	Not Assessed	1	1
Incr ADE: Metformin Product(s) with Hepatic impairment	3,626	17	17
Incr ADE: Metformin Product(s) with Inferred Heart Failure	3,626	35	35
Incr ADE: Metformin Product(s) with Renal Impairment	3,626	36	36
Incr ADE: Metformin-Containing Product(s) with H/O Acidosis	3,626	27	27
Incr ADE: Metformin-Containing Product(s) with Heart Failure	3,626	246	246
Incr ADE: Rosiglitazone-Metformin w/Inferred Heart Failure	3,626	1	1
Incr ADE: Rosiglitazone-Metformin with Heart Failure Dx	3,626	10	10
Incr ADE: Thiazolidinediones & HF DX	Not Assessed	132	132
Incr ADE: Thiazolidinediones & Liver Disease	Not Assessed	5	5

***Patient population assessed at beginning of Federal Fiscal year (03/04)**

^No control group was utilized, thus all patients were referenced

A total of 19 physician visits were conducted in follow-up

to the Diabetes intervention mailing.

Hyperlipidemia Intervention: February 2004

Indicator	Denominator*	Exceptions	Patients Mailed^
Compliance: Antilipemics	8,028	1,092	1,092
DDI: Bile Acid Sequestrants-Furosemide	Not Assessed	3,297	3,297
DDI: Cholestyramine-Thyroid Hormone	Not Assessed	1	1
DDI: Cholestyramine-Valproic Acid	Not Assessed	2	2
DDI: Fenofibate-Warfarin	10,365	2	2
DDI: Gemfibrozil-Warfarin	10,365	1	1
DDI: HMG COA Reductase Inhibitors-CCB	8,537	3	3
DDI: HMG COA Reductase Inhibitors-Phenytoin	8,537	139	139
DDI: HMG-Macrolides	8,537	7	7
DDI: HMG-Nefazodone	8,537	27	27
DDI: Lovastatin-Warfarin	2,917	4	4
Discontinued Use: Antilipemic Therapy (primary prevention)	8,028	2	2
Discontinued Use: Antilipemic Therapy (secondary prevention)	8,028	32	32
Incr ADE: Fibrate & Renal Dysfunction	Not Assessed	201	201
Incr ADE: Niacin use in gout patients	222	2	2
Underutilization lipid lowering therapy [primary prevention]	8,028	1	1
Underutilization of lipid lowering therapy [2nd prevention]	8,028	1	1

***Patient population assessed at beginning of Federal Fiscal year (03/04)**

^No control group was utilized, thus all patients were referenced

A total of 16 physician visits were conducted in follow-up to the Hyperlipidemia intervention mailing.